

<i>SERFF Tracking Number:</i>	<i>CCGN-126739876</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>46316</i>
<i>Company Tracking Number:</i>	<i>10-5002AR</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Indemnity</i>		
<i>Project Name/Number:</i>	<i>Cancer Indemnity Experimental Trial Rider/10-5002AR</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Cancer Indemnity

SERFF Tr Num: CCGN-126739876 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed
State Tr Num: 46316

Sub-TOI: H07G.002A Dread Disease - Cancer Only

Co Tr Num: 10-5002AR

State Status: Approved-Closed

Filing Type: Form

Author: Carolyn Caldwell

Reviewer(s): Rosalind Minor

Date Submitted: 07/26/2010

Disposition Date: 08/06/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Cancer Indemnity Experimental Trial Rider

Status of Filing in Domicile: Not Filed

Project Number: 10-5002AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: NA

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer, Other

Filing Status Changed: 08/06/2010

Explanation for Other Group Market Type: All eligible groups defined by your law

State Status Changed: 08/06/2010

Deemer Date:

Created By: Carolyn Caldwell

Submitted By: Carolyn Caldwell

Corresponding Filing Tracking Number: 10-5002AR

Filing Description:

Enclosed is the above referenced Rider for your review and approval. This form is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This Rider will be used with our Cancer Indemnity Policy TL-005703 et al previously approved in your department. The

SERFF Tracking Number: CCGN-126739876 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 46316
 Company Tracking Number: 10-5002AR
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: Cancer Indemnity
 Project Name/Number: Cancer Indemnity Experimental Trial Rider/10-5002AR

Rider is intended for issue to eligible groups primarily through a trust, although the form may be issued directly to the group in certain instances. The types of groups to be covered include specifically, but is not limited to, employer/employee groups, bonafide associations, and other eligible groups defined by your law.

Company and Contact

Filing Contact Information

Carolyn Caldwell, Compliance Operations carolyn.caldwell@cigna.com
 Analyst
 1601 Chestnut Street 215-761-8529 [Phone]
 Philadelphia, PA 19192 215-761-5609 [FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
 1601 Chestnut Street Group Code: 901 Company Type:
 TL16D Group Name: State ID Number:
 Philadelphia, PA 19192 FEIN Number: 23-1503749
 (215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Fee calculated based on state's requirement.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	07/26/2010	38290443

SERFF Tracking Number:	CCGN-126739876	State:	Arkansas
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Company Tracking Number:	10-5002AR		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.002A Dread Disease - Cancer Only
Product Name:	Cancer Indemnity		
Project Name/Number:	Cancer Indemnity Experimental Trial Rider/10-5002AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/06/2010	08/06/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Cancer Experimental/Trial Treatment Rider	Carolyn Caldwell	07/27/2010	07/27/2010

<i>SERFF Tracking Number:</i>	<i>CCGN-126739876</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>46316</i>
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<i>Product Name:</i>	<i>Cancer Indemnity</i>		
<i>Project Name/Number:</i>	<i>Cancer Indemnity Experimental Trial Rider/10-5002AR</i>		

Disposition

Disposition Date: 08/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CCGN-126739876</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Cancer Indemnity Experimental Trial Rider/10-5002AR</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Form (revised)	Cancer Experimental/Trial Treatment Rider	Approved-Closed	Yes
Form	Cancer Experimental/Trial Treatment Rider	Replaced	Yes

SERFF Tracking Number: CCGN-126739876 State: Arkansas

Filing Company: Life Insurance Company of North America State Tracking Number: 46316

Company Tracking Number: 10-5002AR

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: Cancer Indemnity

Project Name/Number: Cancer Indemnity Experimental Trial Rider/10-5002AR

Amendment Letter

Submitted Date: 07/27/2010

Comments:

Attached under the forms tab is the correct form (Cancer Experimental Trial Treatment Rider) for review.

We apologize for any inconvenience we may have caused.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TL-005547	Certificate	Cancer Amendment, Experimental Insert Page, /Trial Endorsement Treatment t or Rider Rider	Initial					06_02_LIT Cancer Experimental Treatment Rider.pdf

SERFF Tracking Number: CCGN-126739876 State: Arkansas

Filing Company: Life Insurance Company of North America State Tracking Number: 46316

Company Tracking Number: 10-5002AR

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: Cancer Indemnity

Project Name/Number: Cancer Indemnity Experimental Trial Rider/10-5002AR

Form Schedule

Lead Form Number: TL-005547

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/06/2010	TL-005547	Certificate	Cancer	Initial			06_02_LIT
		Amendmen t, Insert	Experimental/Trial Treatment Rider				Cancer Experimental Treatment Rider.pdf
		Page, Endorseme nt or Rider					

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Insurance Company)

Rider to be attached to and made a part of the Group Policy/Certificate
A Contract between the Insurance Company and

[ABC TRUST]
(herein called the Policyholder)

Group Policy No.: [{01234}]

Effective Date: [{XX, X, XXXX}]

This rider is attached to and made part of the group policy/certificate. This rider is subject to the terms, conditions and provisions in the group policy.

The benefits described in this rider will apply to the coverage of an insured, if: (a) his or her application for this rider is approved by us; and (b) he or she makes the premium payment for this rider when due.

[Optional: This rider will be in effect only for Members in Active Service on the Effective Date shown above. If a Member is not in Active Service on the date he or she would otherwise become eligible, he will become eligible on the date he or she returns to Active Service.]

As of the Effective Date shown above, the Insurance Company and the Policyholder hereby agreed that the Policy and any Certificates delivered under the Group Policy are amended as follows:

CANCER EXPERIMENTAL / TRIAL TREATMENT RIDER

This coverage defines experimental or trial treatment to be:

1. Drugs or chemical substances approved by the United States Food and Drug Administration for the experimental use on humans; and
2. Surgery or therapy endorsed by either the National Cancer Institute, the American Cancer Society or the National Institutes of Health for experimental studies.
3. Treatments must be approved by the National Cancer Institute (NCI) as viable experimental treatments for the type/form of cancer diagnosed;
4. Experimental treatment must be received in a Hospital in the United States or in one of its territories;
5. the attending Physician has authorized the treatment;
6. The treatment must be administered by a qualified, licensed medical professional;
7. The treatment must be intended to have a cancer arresting effect;
8. The treatment must be for a malignant condition;
9. is not otherwise covered under Anesthesia Benefit, Chemotherapy Benefit, Blood & Plasma Benefit, Inpatient & Outpatient Drugs.
10. All Phrases within a Cancer Clinical Trial count as one trial.

SCHEDULE OF BENEFITS

The Insurance Company will pay [increments of {\$50 - \$250}] for each day treatment is administered with a [increments of {\$5,000 - \$50,000}], [annual or lifetime maximum] or [increments of {\$1,000 - \$10,000} lump sum benefit, {1 – 5} lifetime maximum(s)] while an insured is participating in an approved “medically necessary” Cancer Clinical Trial process.

[Non-Local Transportation Benefit (Optional)]

If the prescribed treatment for the Covered Insured is not available locally, within a 50 mile radius of the Insureds residence, and a non-local Hospital {confinement} within the United States is authorized by the attending Physician, We will pay a Transportation Benefit of [units of {\$25 up to \$100}] per roundtrip to the Covered Insured], {10 trip maximum per lifetime}.

EXCLUSIONS and LIMITATIONS

In addition to the Exclusions in the Group Policy, no benefits will be paid for the following procedures and related treatments:

[1.] This rider does not cover laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments that are not part of these experimental studies.

[2.] Premalignant conditions; conditions with malignant potential; or any other disease, sickness or incapacity.

[3.] Clinical diagnosis that is not consistent with professional medical standards. (Pathological proof of diagnosis must be submitted, and must state that there is a positive diagnosis of cancer).

[4] [optional:] cancer that was diagnosed [{1 year, 3 year, 5 years}] prior to an Insured's effective date or during the [optional: 30, 60 days] waiting period shown on the Schedule of Benefits (any premiums paid for that Insured will be refunded);

[5] the services rendered by any person who is a member of the Insured's immediate family, consisting of the Insured, spouse, children, brothers, sisters, parents, in-laws or another person who resides in the Insured's home;

[6] services or treatment that is solely diagnostic or exploratory in nature, except to extent provided under this coverage rider in the Group Policy;

Definitions:

Cancer Clinical Trial:

A clinical research study or clinical investigation approved or funded in full or in part by one or more of the following:

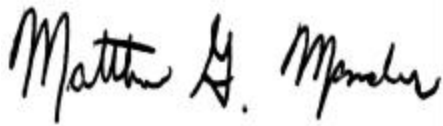
1. The National Institutes of Health;
2. The Center for Disease Control and Prevention;
3. The Agency for Health Care Research and Quality;
4. The Centers for Medicare and Medicaid Services;
5. A bona fide Clinical Trials Cooperative Group, The National Cancer Institute Community Clinical Oncology Program, the Aids Clinical Trials Group, and the Community Programs for Clinical Research in AIDS; or
6. The Department of Defense, The Department of Veterans Affairs, or the Department of Energy, or a qualified nongovernmental research entity to which the National Cancer Institute has awarded a support grant;
7. A study or investigation approved by an Institutional Review Board registered with the Department of Health and Human Services specifying compliance with 45 C.F.R Part 46.

Termination:

Benefits outlined in this Cancer Experimental/Trial Treatment rider will terminate on the next premium due date on or after the Insured attains age [65].

This rider terminates at the same time as the certificate/policy to which it is attached. Except for the above, this rider does not change the certificate or group policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink, reading "Mathew G. Manders". The signature is written in a cursive style with a vertical line to its right.

Mathew G. Manders, President

TL-005547

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/06/2010
Comments:		
Attachment:		
LINA Flesch Cert.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	08/06/2010
Comments:		
Attached is a letter of approval of our enrollment form and the Cancer Indemnity Policy previously approved 07/28/1997.		
Attachment:		
Approval of Cancer Indmenity Policy and Enrollment Form..pdf		

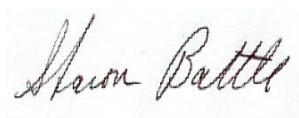
	Item Status:	Status
		Date:
Satisfied - Item: Filing Letter	Approved-Closed	08/06/2010
Comments:		
Attachment:		
Filing Letter.pdf		

**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Flesch Score
TL-005547	Cancer Experimental / Trial Treatment Rider	41.5



Signature: _____

Name: Sharon Battle _____

Title: Assistant Secretary _____

Date: July 2, 2010 _____



CIGNA Group Insurance
Life.Accident.Disability

July 23, 1997

APPROVED
JUL 28 1997

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

1601 Chestnut St. TL23B
Philadelphia, PA 19192-2235
Telephone 215-761-2504
Facsimile 215-761-5609

Mr. Harris Shearer
Life & Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RECEIVED

JUL 28 1997

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

**RE: Group Cancer Policy
Forms TL-005703 et al
Out of State filing
Life Insurance Company of North America**

NAIC #65498

Dear Mr. Shearer:

Pursuant to our telephone conversation today, enclosed is rider form TL-005546R(AR), which includes language as discussed regarding dependents and that the laws of Arkansas will govern certificates issued in your state. I'm also including copies of the application form that was previously omitted (TL-005764 and TL-005764w).

Please accept our assurance that we do not intend to market this product through a multiple employer trust or a self-funded arrangement, so no registration is necessary. Also, we will start sending you association constitution and bylaws, as we discussed.

It was a pleasure speaking with you and I appreciate your assistance with this submission. Hopefully, these modifications will take care of everything and put you in a position to approve the forms. If you should have any questions or need anything further, please do not hesitate to call me collect at 215.761.2504.

A postage paid return envelope is enclosed for your convenience in replying.

Very truly yours,

M. J. Fischer, CLU, ChFC

RECEIVED

AUG 01 1997

Compliance Dept.

June 9, 2010



CIGNA Group Insurance
Life • Accident • Disability

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-8529
Facsimile 215-761-5609
Carolyn. Caldwell @cigna.com

ATT: Jay Bradford
Title: Commissioner
Arkansas Department of Insurance
Life and Health Filings
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

Cancer Experimental/Trial Treatment Rider –
TL-005547

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company Filing: #10-5002AR
Serff Filing#: CCGN-126739876

Dear Commissioner Bradford:

Enclosed is the above referenced Rider for your review and approval. This form is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This Rider will be used with our Cancer Indemnity Policy TL-005703 et al previously approved in your department. The Rider is intended for issue to eligible groups primarily through a trust, although the form may be issued directly to the group in certain instances. The types of groups to be covered include specifically, but is not limited to, employer/employee groups, bonafide associations, and other eligible groups defined by your law.

We appreciate you taking the time to review this form and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at Carolyn.Caldwell@cigna.com or call me collect at 215.761.8529.

Very truly yours,

Carolyn Caldwell

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/26/2010	Form	Cancer Experimental/Trial Treatment Rider	07/27/2010	Cancer Indemnity Policy.pdf (Superceded)

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET, PHILADELPHIA, PA 19192-2235
215-761-1000
A STOCK INSURANCE COMPANY

GROUP CANCER POLICY

POLICYHOLDER: [ABC Trust]

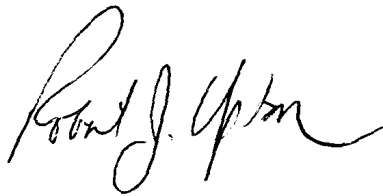
POLICY NUMBER: Specimen

POLICY EFFECTIVE DATE: [January 1, 1995]

POLICY ANNIVERSARY DATE: [January 1]

This Policy describes the terms and conditions of insurance. The Policy is issued in [the District of Columbia] and is governed by its laws. The Policy goes into effect on the Policy Effective Date, at 12:01 AM at the Policyholder's address.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.



Secretary



Michael W. Bell, President

INITIAL PREMIUM RATES

[Monthly Rates*]

Member's Age	Member	Member & Spouse	Member & Dependent Children	Member, Spouse Dependent Children	Member & Dependent Children
Under 50	\$	\$	\$	\$	\$
50 - 64	\$	\$	\$	\$	\$
65 & older	\$	\$	\$	\$	\$

Member's Age	Member	Member & Spouse	Member & Dependent Children	Member, Spouse Dependent Children	Member & Dependent Children
Under 50	\$	\$	\$	\$	\$
50 - 64	\$	\$	\$	\$	\$
65 & older	\$	\$	\$	\$	\$

Premium Payment Intervals Available to Members: Monthly, Quarterly, Semi-annually or Annually

Premium Due Dates: The Policy Effective Date and the first day of each succeeding interval.

*Subject to change in accordance with the section entitled Changes In Premium Rates. Each Member's premiums are based on his or her age and will increase on the next premium due date after the Member enters a new age bracket.]

TABLE OF CONTENTS

[DEFINITIONS	
ELIGIBILITY FOR INSURANCE.....	
EFFECTIVE DATE OF INSURANCE	
TERMINATION OF INSURANCE	
SCHEDULE OF BENEFITS.....	
DESCRIPTION OF BENEFITS	
EXCLUSIONS	
CLAIM PROVISIONS.....	
ADMINISTRATIVE PROVISIONS	
GENERAL PROVISIONS.....]

DEFINITIONS

Please note, certain words used in this document have specific meanings. The definition of any word beginning with a capital letter, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule Of Benefits.

[Optional, i.e. if Active Service is included:

Accident

An Accident is a sudden unforeseeable external event that causes bodily injury to an Insured while insurance is in force under the Policy.]

[Optional, depending on type of group:

Active Service

A person will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

- He or she is actively at work. This means he or she is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business, or at some location to which the Employer's business requires him or her to travel.
- The day is a scheduled holiday, vacation day [optional: or period of Employer-approved paid leave of absence].

A person is considered in Active Service on a day which is not one of the Employer's scheduled work days only if he or she was in Active Service on the preceding scheduled work day.]

[Optional, depending on type of group:

Active Service

A person is considered in Active Service if he or she is able to perform all the activities a healthy person of the same age and sex could normally perform and is not:

[optional, i.e.: all items may not be included:

1. a patient in a hospital or hospice, or receiving outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for Sickness or Injury;
3. unable to perform any of the activities of daily living (i.e., mobility, transferring, feeding, dressing or toileting) without human supervision or assistance; or
4. receiving disability benefits from any source due to his or her Sickness or Injury.]

Age

[The Member's [variable: and Spouse's] Age is determined as the Member's [variable: or, and Spouse's] [variable e.g. attained age when the Member or Spouse became insured, attained age as of his or her [variable: preceding, next] Premium Due Date.]

Cancer

A disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells, the invasion of tissue, leukemia, or Hodgkin's disease. Cancer is further defined to include cancer in situ, that is in the natural or normal place; confined to the site of origin without having invaded neighboring tissue. Such cancer must be Positively Diagnosed by a Physician. Premalignant conditions or conditions with malignant potential are not considered cancer.

[Optional, i.e. if dependent child coverage is included:

Dependent Child

A Member's [optional, i.e. if spouse coverage is included and if continuation of coverage is included: or Spouse's] unmarried child:

- from live birth to [variable: e.g. 19, 21, 23] years old and primarily supported by the Member [optional, i.e. if spouse coverage is included and if continuation of coverage is included: or Spouse];
- [Optional at Subscriber level: [variable, e.g: 19, 21, 23] years or older, but less than [variable, e.g: 23, 25] years, enrolled in a school as a full-time student and primarily supported by the Member [optional, i.e. if spouse coverage is included and if continuation of coverage is included: or Spouse]; or]
- [variable, e.g: 19, 21, 23] years or older and primarily supported by the Member [optional, i.e. if spouse coverage is included and if continuation of coverage is included: or Spouse] and incapable of sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Insurance Company within [variable, e.g.: 31, 60] days after the date that child's insurance would otherwise end because of age. During the next [variable, e.g: 2, 3 years] the Insurance Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Insurance Company may require proof no more than [variable, e.g: once, twice] a year.

The term child means a child born to or legally adopted by the [variable: Member, Spouse (if spouse coverage included)] The term includes a child during any waiting period prior to the finalization of the child's adoption. It also means a stepchild or a foster child living with the [variable: Member, Spouse (if spouse coverage included)]. [Optional: Any child must be a United States citizen or have a permanent Alien Registration Card].

[Optional, i.e., if any disability benefits are included:

Disabled

A Member, if he or she is employed, will be considered Disabled if he or she is unable, due to Injury or Sickness, to perform all the material duties of any occupation for which he or she is or may reasonably become qualified based on education, training or experience. If the Member is not employed, disabled means that he or she cannot, due to Injury or Sickness, perform the usual or customary activities of a healthy person of like age and sex.

[Optional, i.e. if Domestic Partners coverage is included:

Domestic Partners

A person of the same or opposite sex, who:

1. shares the Member's permanent residence;
2. has resided with the Member continuously for at least [variable: e.g. one year, two years] and is expected to continue to reside with the Member indefinitely;
3. is financially interdependent with the Member in each of the following ways:
[variable: e.g. any or all of the following may be included:
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;]
 - [b. by owning or leasing their permanent residence as joint tenants;]
 - [c. by naming, or being named by, the Member as a beneficiary of life insurance or under a will;]
 - [d. by each agreeing in writing to assume financial responsibility for the welfare of the other;]
4. has signed a domestic partner declaration with the Member, if the Member resides in a jurisdiction which provides for domestic partner declarations;
5. has not signed a domestic partner declaration with any other person within the last [variable: e.g. 12, 24 months];

[Optional:

- [6. is no less than [variable: e.g. 18, 21] years of age nor more than [variable: e.g. 60, 70] years of age;]

[Optional:

- [7. is not legally permitted to marry the Member;]
8. is not currently legally married to any other person; and

9. is not a blood relative any closer than would prohibit legal marriage.

A Member may insure a Domestic Partner if all of the following conditions are met:

1. The Member has not been married to any person within the past [variable: e.g. 12, 24 months].
2. The Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect to the Member.
- [3. The Member and Domestic Partner furnish a [notarized affidavit|signed statement] reflecting these requirements, and an agreement to notify the Insurance Company if the requirements cease to be met, on a form acceptable to the Insurance Company.]

[Optional, i.e. depending on type of group:

Employee

For eligibility purposes, a person is a full-time employee of the Employer in one of the "Classes of Eligible Persons" [The term does not include employees who normally work [variable: e.g., less than 20, 30 hours a week] for the Employer.]

[Optional, i.e. depending on type of group:

Employer

The Policyholder and any affiliates, subsidiaries or divisions covered under the Policy. The Employer is an agent of the Insured for transactions relating to this insurance. The actions of the Employer shall not be considered actions of the Insurance Company.]

[Optional, i.e. depending on type of group and if employees are covered:

Full-time

Full-time means the number of hours set by the Employer as a regular work day for full-time employees in the person's class of eligibility.]

[Optional, i.e., if home health benefits are included:

Home Health Care Agency

A public agency or private organization, or subdivision of such an agency or organization, which:

1. is primarily engaged in providing skilled nursing services and other therapeutic services;
2. has policies, established by a group of professional personnel (associated with the agency or organization), including one or more Physicians and one or more registered professional nurses, to govern the services which provides for supervision of such services by a Physician or registered professional nurse;
3. maintains clinical records on all patients;
4. in the case of an agency or organization in any state, in which state or applicable local law provides for the licensing of agencies or organization of this nature,
 - a. is licensed pursuant to such law, or
 - b. is approved, by the agency of such state or locality responsible for licensing agencies or organizations of this nature, as meeting the standards established for such licensing;
5. meets such other conditions of participation as are established under the Medicare program in the interest of the health and safety of individuals who are furnished services by such agency or organization.]

[Optional, i.e., if hospice benefits are included:

Hospice

A health care program providing a coordinated set of services [variable, e.g., rendered at home, in outpatient settings or in institutional settings] for an Insured suffering from a terminal condition. A Hospice must have an interdisciplinary group of personnel which includes at least one Physician and one Registered Nurse, and it must maintain central clinical records on all patients. A Hospice must meet the standards of the National Hospice Organization and applicable state licensing requirements.

Hospice Care Program

A formal program directed by a Physician to help care for a terminally ill person.]

Hospital

An institution which:

1. is licensed as a hospital pursuant to applicable law;
2. is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. is under the supervision of a staff of Physicians;
4. provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
5. has medical, diagnostic and treatment facilities, with major surgical facilities:
 - a. on its premises; or
 - b. available to it on a prearranged basis; and
6. charges a patient for its services.

Hospital does not include a clinic or facility or unit of a hospital for:

1. convalescent, custodial (primarily for the purpose of meeting personal needs and could be provided by persons other than doctors or nurses), educational or nursing care;
2. the aged, [variable, at subscriber's election: a place for persons with mental or nervous disorders, drug addicts or alcoholics].

Hospital Confined or Hospital Confinement

Confinement in a Hospital as an Inpatient at the direction of or under the care of a Physician.

Inpatient

Confinement for which the insured person is charged for at least one full day's Room and Board.

[Optional, i.e. if Active Service is included:

Injury

Any bodily harm which results directly or indirectly of all other causes from an Accident is an injury. All injuries sustained in one Accident, including all related conditions and recurring symptoms of the injuries, will be considered one injury.]

[Optional:

Insurability Requirement

An eligible person will satisfy the Insurability Requirement on the day the Insurance Company agrees in writing to insure him or her under the Policy. To determine a person's acceptability for insurance, the Insurance Company will require evidence of good health and may require it be provided at the eligible person's own expense.]

Insurance Company

The Insurance Company underwriting and issuing the Policy is named on the Policy cover page.

Insured

A person who is eligible for insurance under the Policy and for whom insurance is elected, the required premium is paid, and insurance is in force under the Policy.

[Optional, i.e., if intensive care unit benefits are provided:

Intensive Care Unit

A special area of a hospital that:

1. is for the treatment of patients who are in acute or critical condition;
2. is furnished with emergency life-saving equipment and supplies that are immediately at hand;
3. is staffed 24 hours a day by nurses who are specially trained to work in an intensive care unit; and
4. is equipped and staffed to monitor each patient's vital signs around-the-clock.

An intensive care unit is not a recovery room. This means that it is not an area used primarily for post-operative or post-anesthesia care.]

Medically Necessary/Medical Necessity

Treatment, services, or supplies that are:

1. appropriate for the symptom or treatment of the Insured's condition, sickness;
2. provided for the direct care and treatment of the Insured's condition, sickness;
3. in accordance with current standards of medical practice;
4. not primarily for the convenience of the Insured or the Insured's Physician; and
5. the most appropriate supply or level of service that can safely be provided to the Insured. When applied to an inpatient admission, this further means that the Insured requires acute care as a bed patient due to the nature of the services rendered or the Insured's condition, and that the Insured cannot receive safe or adequate care as an outpatient.

Concurrent and/or periodic review of the medical necessity of treatment will be performed with respect to all inpatient care, regardless of the type of facility.

[Variable, i.e. the Subscriber or policyholder determines who is to be considered eligible for coverage under the plan. Examples are shown:

Member

For eligibility purposes, a Member is any of the following:

1. a full-time employee of the Subscriber, not including a temporary or seasonal employee;
2. a full-time employee of a member in good standing of a Subscriber, not including a temporary or seasonal employee;
3. a member in good standing of a Subscriber; or
4. a person who is eligible to participate in the Trust;

who is [Optional: i.e. a United States citizen or has a permanent Alien Registration Card] in one of the Classes Of Eligible Persons shown in Eligibility For Insurance.]

[Optional, i.e., if a benefit providing nursing services is included:

Nurse

A graduate Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), or Licensed Vocational Nurse (L.V.N.).

[Variable:

Period of Hospital Confinement

A period of consecutive days, which begins on the date the Insured is confined in a Hospital for the treatment of Cancer. A new period will begin with a Hospital confinement that begins after a period of [variable, e.g. 60, 90 days] in a row during which the Insured has not been Hospital confined for the treatment of Cancer.

[Optional, i.e. will include SNF if that benefit is included:

Period of Skilled Nursing Facility Confinement

A period of consecutive days, which begins on the date the Insured is confined in a Skilled Nursing Facility for the treatment of Cancer. A new period will begin with confinement that begins after a period of [variable, e.g. 60, 90 days] in a row during which the Insured has not been confined in a Skilled Nursing Facility for the treatment of Cancer.

Physician

Physician means a licensed medical Physician practicing within the scope of his or her license. [Optional: Such license must be current in the United States.]

Positive Diagnosis/Positively Diagnosed

A microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his or her judgment solely on the criteria of a malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer.

[Optional, i.e. if Active Service is included:

Sickness

Sickness means a physical or mental illness [optional: , including pregnancy].]

[Optional, i.e. if Skilled Nursing Facility benefit is provided:

Skilled Nursing Facility

An institution, or distinct part of an institution, which is licensed pursuant to state and local laws and is operated primarily for the purpose of providing skilled nursing care and treatment for persons convalescing from injury or sickness and: (a) is qualified to receive Medicare approval, if so requested; (b) has organized facilities for medical treatment and provides 24-hour-a-day nursing service under the full-time supervision of a licensed Physician or of a registered graduate nurse; (c) maintains daily clinical records on each patient and has available the services of a licensed Physician under an established agreement; (d) provides appropriate methods for dispensing and administering drugs and medicines; (e) has a utilization review plan in effect and operational policies developed with the advice of, and reviewed by, a professional group including at least one licensed Physician; and (f) is not, other than incidentally, a rest home, a home for the aged, or a place for the treatment of mental disease, drug addiction or alcoholism.]

[Optional, i.e. if spouse coverage is included:

Spouse

The Member's lawful spouse, [variable, e.g. who is aged 18, 21 years or older] [Optional: who is a United States citizen or has a permanent Alien Registration Card.] Except for eligibility purposes, the term includes an insured spouse who is widowed by, [variable, e.g. or divorced or legally separated from] a Member.[Optional, i.e. if Domestic Partners are recognized for insurance purposes: Within the context of this Policy, Spouse includes a Domestic Partner.]

[Optional, i.e. included if insurance is sponsored by a membership association, financial institution, employer or other affinity group:

Subscriber

An organization that has applied for and is approved by the Insurance Company for participation under the Policy.]

ELIGIBILITY FOR INSURANCE

Classes Of Eligible Persons

A person may be insured only under one of the Classes of Eligible Persons shown below, even though he or she may be eligible under more than one class. A person may not be eligible for insurance under more than one [variable, e.g. Employer, Subscriber].

CLASS A - MEMBER

Each Member [optional: under age [variable, e.g.: 60, 70, 80] becomes eligible for insurance on the later of:

1. [Variable e.g. the Subscriber's, Employer's effective date of participation under the Policy; or
- 2.] the date he or she becomes a Member.

[Optional, i.e. if spouse coverage is included:

CLASS B - SPOUSE

A Spouse becomes eligible for insurance on the later of:

1. the date the Member becomes eligible for insurance; or
2. the date a person becomes a Spouse [optional: , provided the Spouse is less than [variable, e.g: 60, 70, 80] years of age on that date].

For eligibility purposes, the Spouse must be a lawful Spouse of the Member and not legally separated or divorced from the Member.]

[Optional, i.e. if dependent child coverage is included:

CLASS C - DEPENDENT CHILD

A Dependent Child becomes eligible for insurance on the later of the date the Member:

1. becomes eligible for insurance; or
2. first acquires a Dependent Child.

In no event will a Dependent Child be eligible to become insured by both a Member and a Spouse or by two Members.]

EFFECTIVE DATE OF INSURANCE

[Optional depending on type of group. [Optional, i.e. if the Active Service requirement is included: Subject to Active Service,] Insurance for an eligible Member becomes effective on the Subscriber's effective date of participation under the Policy or the date the Insurance Company agrees in writing to insure him or her, whichever is later, provided the required initial premium is paid during his or her lifetime.]

[Optional depending on type of group. [Optional, i.e. if spouse coverage is included: [Optional, i.e. if the Active Service requirement is included: Subject to Active Service,] Insurance for a Spouse becomes effective on the date the Spouse becomes eligible for insurance, the date the Member becomes insured under the Policy, the date the Member elects Spouse insurance under the Policy, or the date the Insurance Company agrees in writing to insure the Spouse, whichever is latest, provided the required initial premium is paid during his or her lifetime.]

The Insurance Company will require the Member [optional, i.e. if spouse coverage is included: and Spouse] to satisfy the Insurability Requirement before it agrees in writing to insure him or her.]

[Optional depending on type of group [Optional, i.e. if dependent child insurance is included: Insurance for a newborn Dependent Child of the Member automatically becomes effective from the moment of live birth. Insurance for that Dependent Child automatically ends 31 days later unless the Member has other Dependent Child insurance in force or the Member makes a written request to cover the child under the Policy and pays the required initial premium during the child's lifetime.]

[Optional if dependent child insurance is included: [Optional, i.e. if Active Service is required: Subject to Active Service,] Insurance for a Dependent Child becomes effective on the date the Dependent Child becomes eligible for insurance under the Policy, the date the Member becomes insured under the Policy, the first day of the calendar month coinciding with or next following the date the Member elects Dependent Child insurance under the Policy and the completed application is [optional, i.e., received, accepted by the Insurance Company] whichever is latest, provided the required initial premium is paid during the child's lifetime.

If insurance for a Dependent Child is in force and the Member acquires another Dependent Child, insurance for that Dependent Child becomes effective on the date the Dependent Child is eligible or the first day of any waiting period prior to the finalization of adoption, if later.]

[Optional, i.e. if the Active Service requirement is included: If on the date insurance would otherwise become effective, a Member [optional, i.e. if spouse coverage is included: , Spouse] [optional, i.e. if dependent child coverage is included: or Dependent Child] is not in Active Service, his or her insurance will not become effective until the date he or she returns to Active Service.]

[Optional, i.e. depending on type of group: [Optional, i.e. if the Active Service requirement is included: Subject to Active Service,] Insurance for an eligible Member becomes effective on the [variable: e.g. date, first/fifteenth of the month following the date] his written application is approved by the Insurance Company. This is subject to receipt of the required initial premium during his or her lifetime.]

[Optional, i.e. depending on type of group: [Optional, i.e. if spouse insurance is included: [Optional, i.e. if the Active Service requirement is included: Subject to Active Service,] Insurance for an eligible Spouse becomes effective on the [variable: e.g. date, first/fifteenth of the month following the date] the Insurance Company approves the written application for the Spouse, provided the required initial premium is paid during his or her lifetime and the Member's insurance is in effect.]

[Optional if dependent child insurance is included:

[Optional, i.e. if Active Service is required: Subject to Active Service,] Insurance for an eligible Dependent Child becomes effective on the [variable: e.g. date, first/fifteenth of the month following the date] the Insurance Company approves the written application for the Dependent Child, provided the required initial premium is paid during the child's lifetime and the Member's insurance is in effect.]

[Optional if dependent child insurance is included: Insurance for a newly acquired Dependent Child, other than a newborn Dependent Child, becomes effective immediately provided the Member makes written application for such Dependent Child's insurance within [variable, e.g. 31, 60] days. If written application is not made within [variable, e.g. 31, 60] days, insurance will become effective on the [variable: e.g. date, first/fifteenth of the month following the date] the Insurance Company approves the written application for the Dependent Child, provided the required initial premium is paid during the child's lifetime.]

TERMINATION OF INSURANCE

The insurance on an Insured will end on the earliest date below:

1. the date the Policy is terminated; [Optional if Subscriber is included:
2. the date the Subscriber's participation under the Policy ends;
- 3.] the date the Insured is no longer in an eligible class shown in Classes Of Eligible Persons;
- [4.] the last day of the last period for which premium is paid;
- [Optional at subscriber level and variable as to Insured or Member:
5. the date the Total Policy Maximum Benefit is paid to an Insured;]
- [Optional:
6. the next premium due date on or after the Insured attains age [variable, e.g. 70, 80];
- [Optional:
7. the next premium due date after the Member ceases to be a member in good standing of the Subscriber;]
- [Optional, i.e. if spouse coverage/dependent child coverage is included and if continuation of coverage is included:
8. with respect to a Spouse or Dependent Child, the date of the death of the Insured Member [variable, e.g.: , the date of the legal separation or divorce from the Insured Member] or the date the Total Maximum Policy Benefit becomes payable to the insured Member. However, the Spouse may elect to continue insurance [optional, i.e. if dependent child coverage is included: , including insurance on Dependent Children]. See Continuation Of Insurance below.]

[Optional, i.e. if spouse coverage/dependent child coverage is included and if continuation of coverage is included:

CONTINUATION OF INSURANCE

If a Class B Spouse's [optional, i.e. if dependent child coverage is included: and Class C Dependent Children's] insurance ends because of an event in item [8.] above, the insurance for the Class B Spouse [optional, i.e. if dependent child coverage is included: and Dependent Children] may be continued by:

1. submitting a written request for continued insurance to the Insurance Company within [variable, e.g. 31, 60, 90] days of the event; and
2. paying the required premium [variable, e.g. to the Subscriber, directly to the Insurance Company].

[Optional at the Subscriber level: If notification is not given to the Insurance Company within the period permitted in 1. above, coverage will not be continued and all premiums paid from the date of the event will be refunded to the Class B Spouse provided they do not exceed the benefit amount.]

[Optional at the Subscriber level: Revised premium payments to the Insurance Company will start with the first Premium Due Date that is the same or next follows the date of the event. [Optional: If the Insurance Company is not notified of the event in a timely manner as required in 1. above, any return of premium would be limited to the excess paid in the last [variable, e.g. 6, 12 month] period. [Optional: If a Class B Insured elects to continue insurance under this provision, the amount of insurance continued may not exceed the amount of insurance in force on the day before insurance as a Class B Insured ended, nor may this Spouse add any dependents for insurance.]

Any Continuation of Insurance is subject to the Insurance Company's continuing to offer insurance under this Group Policy to new applicants.

EXTENSION OF BENEFITS

This extension applies only to an Insured who is receiving benefits under the Hospital Confinement, Skilled Nursing Facility or Hospice Benefit provisions of this Group Policy for a covered confinement on the date that this Group Policy terminates.

Termination of this Group Policy will not affect [variable: the benefits payable for such covered confinement, or, any benefits that would have been payable under the Group Policy if the Group Policy had not terminated] as long

as that covered confinement remains continuous and uninterrupted. However, benefits will be terminated on the earliest of the following events:

1. the end of the covered confinement period, not including subsequent, related confinements;
2. when the limits set forth on the Schedule of Benefits have been reached; or
3. the end of the [variable, i.e. 90, 120 day] period immediately following the termination date of this Group Policy.

SCHEDULE OF BENEFITS

[Subscriber:]

Effective Date [Of Subscriber Participation]:

[Optional:

Minimum Subscriber Participation Requirements

Number	[variable, e.g: 10, 25, 50] insured Members
Percentage	[variable, e.g: 10, 25, 50, 75]% of eligible Members]

[Variable, the Subscriber may elect to provide differing plan designs based on Member classification, e.g:
Classes of Eligible Members

Class 1 All Members in good standing of the Subscriber.

Class 2 All active, full-time employees of the Member in good standing of the Subscriber.]

[Optional, at subscriber's election:

Waiting Period: The [variable, e.g: 30, 60, 90, 180] day period following the effective date of the Insured's insurance under the Group Policy]

[Optional at subscriber's election:

Total Maximum Policy Benefit: variable: e.g. \$250,000, \$500,000, \$1,000,000]

[Optional and variable based on subscriber's elections:

Amounts of Insurance

- | | |
|----------|--|
| 1 | Hospital Confinement Benefit: Daily Benefit Amount: \$50, \$75, \$100 |
| | Days 1-10* 100% Daily Benefit Amount |
| | Days 11-90* 60% Daily Benefit Amount |
| | Days 91 and thereafter* 300% Daily Benefit Amount |

*per Period of Hospital Confinement

- | | |
|----------|---|
| 2 | Intensive Care Unit Benefit: Daily Benefit Amount: \$50, \$75, \$100 |
| | Days 1-10* 100% Daily Benefit Amount |
| | Days 11-90* 60% Daily Benefit Amount |
| | Days 91 and thereafter* 300% Daily Benefit Amount |

*per Period of Hospital Confinement

- | | |
|----------|---|
| 3 | Inpatient Drugs and Medicine Benefit: |
| | \$5 per day |
| | \$200 maximum per Period of Hospital Confinement] |

- | | |
|------------|---|
| [4. | Outpatient Drugs and Medicine Benefit: |
| | \$10 per initial prescription or refill |
| | \$300 maximum per calendar year |

- | | |
|----------|-------------------------------|
| 5 | Ambulance Benefit: |
| | \$25 per Hospital confinement |

- 6 **Attending Physician Benefit:**
\$5 per day (regardless of number of Physicians)
\$200 maximum per Period of Hospital Confinement
- 7 **Nurses Services Benefit:**
\$5 per day (regardless of number of Nurses)
\$200 maximum per Period of Hospital Confinement
- 8 **Nurse At Home Benefit:**
\$25 per 8 hour shift
\$75 maximum per day
30 day lifetime maximum
- 9 **Home Health Care Benefit:**
\$30 per visit; limited to one visit per day
90 visit lifetime maximum
- 10 **X-Ray, Radium, Cobalt, Hyperthermia and Inhalation Therapy Benefit:**
\$50 per day
\$1,000 lifetime maximum
- 11 **Chemotherapy Benefit:**
\$50 per day
\$1,000 lifetime maximum
- 12 **Blood and Plasma Benefit:**
\$10 per unit
\$200 lifetime maximum (no maximum for leukemia treatment)
- 13 **Surgical Benefit:**
See Schedule of Surgical Benefits
\$750 maximum per procedure
- 14 **Anesthesia Benefit:**
25% of the Surgical Benefit
- 15 **Hospice Care Benefit:**
\$50 per day
100 day lifetime maximum
- 16 **First Diagnosis Benefit:**
\$100 payable once during the Insured's lifetime]

- [17. **Outpatient Cancer Screening Benefit:**
 \$25 per procedure
 maximum one procedure per calendar year
- 18 **Skilled Nursing Facility Confinement Benefit:**
 \$50 per day
 maximum 10 days per Period of Skilled Nursing Facility Confinement
 \$1,000 lifetime maximum
- 19 **Family Lodging Benefit:**
 expenses incurred up to \$30 per day
 60 day lifetime maximum
- 20 **Transportation**
 \$25 roundtrip per private passenger car trip
 expenses incurred up to \$100 roundtrip per commercial vehicle trip
 10 trips maximum per lifetime
- 21 **Counseling:**
 \$25 per session
 10 session lifetime maximum per family with respect to any one Insured
- 22 **Survivor Benefit:**
 \$500
- 23 **Second Opinion Benefit:**
 \$50 for one second opinion
 One second opinion lifetime maximum
- 24 **Prosthetics**
 \$500 per initial device
 \$250 per replacement device
 \$2,500 lifetime maximum
- 25 **Waiver of Premium**
- 26 **Waiver of Premium**
- 27 **Disability Compensation in Lieu of Other Benefits**

 First month of confinement: \$2,000 per month
 Next two months: \$1,500 per month
 Each additional month thereafter: \$1,000 per month

 For confinement in a Skilled Nursing Facility after three months of Hospital confinement: \$200 per month

 Benefits for less than a full month will be calculated on the basis of 1/30th of the monthly amount.]

[Changes in Coverage - Any change in benefits which occurs automatically under the Policy provisions or Schedule will become effective on the date the status of the Insured changed.

If any decrease in benefits or insurance is requested, such decrease shall become effective as of the next Premium

Due Date coinciding with or next following the date notification of such decrease has been received.

If any increase in benefits or insurance is requested, such increase shall become effective as of the next Premium Due Date on or after the Insurance Company's approval of such increase, provided the new premium is received. The Incontestability Provision and Waiting Period will apply anew to that increase from the effective date of the change. (This will not affect any insurance in effect prior to the increase).]

DESCRIPTION OF BENEFITS

Eligibility for Benefits

If an Insured is first diagnosed as having cancer while his or her coverage under this group policy is in force, the Insurance Company will pay the Cancer Care Benefits described below from the date of tentative cancer diagnosis, provided that diagnosis occurs on or after the end of the Waiting Period shown on the Schedule of Benefits and is confirmed by a Positive Diagnosis. The Date of Positive Diagnosis is the day the tissue specimen, culture(s) and/or titer(s) is (are) taken upon which diagnosis of Cancer is based.

[Optional i.e., if there is an overall maximum:

Total Maximum Policy Benefit

The Total Maximum Policy Benefit as to any one Insured during his or her entire lifetime while covered under this group policy will in no event exceed the amount shown in the Schedule of Benefits.]

Cancer Care Benefits

The Insurance Company will pay a benefit when the following covered services and supplies are provided to an Insured for the Medically Necessary treatment of Cancer, subject to the limits set forth in the Schedule of Benefits. All benefits payable are subject to the Total Maximum Policy Benefit and all other terms, conditions and provisions of this Group Policy.

Benefit amounts and maximum benefits are shown in the Schedule of Benefits.

[Optional at subscriber level and variable:

- 1 **Hospital Confinement Benefit:** for each full day of confinement recommended by a Physician, the Insurance Company will pay the amount shown in the Schedule of Benefits. If an Insured's Physician places him or her in a Hospital when the kind of care needed could be provided elsewhere, that Hospital confinement will not be considered a Medically Necessary Hospital confinement.]

[Optional at subscriber level and variable:

- 2 **Intensive Care Unit Benefit:** if the Insured is confined in an Intensive Care Unit of a Hospital for treatment of Cancer, the Insurance Company will pay the amount shown in the Schedule of Benefits. Benefits are payable only for days that the Insured must spend in the Intensive Care Unit. This benefit is payable only for those days for which the Insured is paid a Hospital Confinement Benefit.

[Optional at subscriber level and variable:

- 3 **Inpatient Drugs and Medicine Benefit:** for each day when drugs and medication, other than chemotherapy, are administered while the Insured is Hospital confined, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 4 **Outpatient Drugs and Medicine Benefit:** for drugs and medicines (excluding chemotherapy drugs) which can only be dispensed on a written prescription and are prescribed by the attending Physician and administered outside of a Hospital, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 5 **Ambulance Benefit:** for a licensed ambulance company for transporting the Insured to or from the Hospital of confinement, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 6 **Attending Physician Benefit:** for a Physician's daily visits to the Insured while Hospital confined (other than the surgeon who performed surgery, if applicable), the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 7 **Nurses Services Benefit:** for full-time private care and attendance by a registered graduate nurse (R.N.) or a licensed practical nurse (L.P.N.) while Hospital confined, (other than nursing care regularly furnished by the Hospital), the Insurance Company will pay the amount shown in the Schedule of Benefits. The term "R.N." or "L.P.N." does not include the Insured, nor his or her spouse, children, brothers, sisters, or parents; nor any person residing in his or her household.]

[Optional at subscriber level and variable:

- 8 **Nurse at Home Benefit:** if the Insured requires the services of a nurse during a stay at home after a period of confinement for which Hospital Confinement Benefits were paid, the Insurance Company will pay the amount shown in the Schedule of Benefits for each eight hour shift, or part thereof, performed while the nurse is employed, for up to a total of three eight hour shifts per day. This benefit is subject to the following conditions:
- a the nurse must be employed under the direction of the attending Physician;
 - b. services must begin within [14 days] after the prior period of confinement; and
 - c. services must not be only custodial in nature.]

[Optional: at subscriber's election: Benefits shall be payable up to the number of days of the prior period of confinement [not to exceed 30 days lifetime maximum].

[Optional at subscriber level and variable:

- 9 **Home Health Care Benefit:** for services provided by a Home Health Care Agency, the Insurance Company will pay the amount shown in the Schedule of Benefits. Such services must be in place of continued Hospital confinement. A home health care visit is one visit by an employee of a Home Health Care Agency or each four hour period of home health aide services.]

[Optional at subscriber level and variable:

- 10 **X-Ray, Radium, Cobalt, Hyperthermia and Inhalation Therapy Benefit:** for x-ray, radium, cobalt, hyperthermia or inhalation therapy of an Insured, the Insurance Company will pay the amount shown in the Schedule of Benefits. Benefits will not be payable, nor coverage provided, for any diagnostic x-ray, diagnostic laboratory tests or any other diagnostic procedure or pre-planning procedures related to these treatments.]

[Optional at subscriber level and variable:

- 11 **Chemotherapy Benefit:** for cancerocidal chemical substances and their administration for the purpose of modification or destruction of abnormal tissue, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 12 **Blood and Plasma Benefit:** for blood and plasma, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 13 **Surgical Benefit:** for the fee of a Physician or surgeon for a surgical procedure, the Insurance Company will pay the benefit shown in the Schedule of Surgical Procedures, not to exceed the maximum shown in the Schedule of Benefits. This includes pre-operative and post-operative care for the treatment of a condition resulting from Cancer. This benefit will not exceed the Maximum Benefit set opposite the name of the operation as shown in the Schedule of Surgical Procedures.

For any procedure not listed in the Schedule of Surgical Procedures, we will compute the Maximum Benefit on the basis of the amount shown in the Schedule of Surgical Procedures for a procedure of comparable gravity and severity, unless payment for the procedure is expressly excepted by terms of this Group Policy. In no event will the amount payable exceed the Maximum Benefit for Surgical Procedures shown in the Schedule of Benefits.

When multiple surgical procedures are performed at the same operative session through separate incisions, payment will be made for the procedure actually performed for which the largest benefit is provided. Payment for other procedures performed will be limited to 50% of the benefit which would otherwise have been provided for them under the Schedule of Surgical Procedures.

When multiple procedures are performed through the same incision, payment will be made only for the procedure actually performed for which the largest benefit is provided, unless otherwise specified in the Schedule of Surgical Procedures.

SCHEDULE OF SURGICAL PROCEDURES

MAXIMUM BENEFIT

ABDOMEN

Colectomy, partial resection of large intestine in two stages including first stage colostomy or cecostomy	\$ 500.00
Colectomy, partial with anastomosis, with or without concomitant proximal colostomy	\$ 400.00
Enterectomy, resection of small intestine.....	\$ 350.00
Excision of rectal procidentia with anastomosis, abdominal and perineal approach	\$ 500.00
Esophagectomy, resection of esophagus, transpleural or extrapleural (upper two-thirds)	\$ 600.00
Gastrostomy	\$ 200.00
Splenectomy	\$ 300.00
Cystectomy, radical with urethral transplants.....	\$ 600.00
Excision of bladder tumor.....	\$ 300.00
Hepatectomy (liver)	\$ 450.00
Partial/complete gastrectomy.....	\$ 350.00
Pancreatectomy, total or subtotal.....	\$ 450.00

AMPUTATIONS

Thigh, through femur, including supracondylar	\$ 300.00
Interthorascoscapular	\$ 500.00

SCHEDULE OF SURGICAL PROCEDURES (continued)

MAXIMUM BENEFIT

BRAIN

Sub-occipital craniectomy for brain tumor..... \$ 750.00

BREAST

Partial mastectomy or lumpectomy \$ 250.00

Radical mastectomy, including breast pectoral
muscles and axillary lymph nodes..... \$ 350.00

EYE

Enucleation of eyeball with integrated implant..... \$ 250.00

GENITO-URINARY TRACT

Heminephrectomy \$ 500.00

Vulvectomy-radical, including unilateral
regional lymph nodes..... \$ 500.00

Total hysterectomy (corpus and cervix) with or
without tubes and/or ovaries, one or both \$ 300.00

Radical hysterectomy for cancer, including
regional lymph nodes..... \$ 500.00

Amputation of penis - complete \$ 300.00

Orchiectomy with superficial inguinal node
dissection, unilateral..... \$ 250.00

Prostatectomy - radical..... \$ 500.00

Nephrectomy..... \$ 600.00

NECK

Excision of parotid or other salivary gland, total with dissection
of facial nerve \$ 350.00

RECONSTRUCTIVE

Medically Necessary surgeries for the sole purpose of reconstructing tissue, bone,
muscle, skin or organs that have been damaged by Cancer, excluding breast..... \$ 250.00

Repair and/or reconstruction of breast \$ 400.00

RECTUM

Complete proctectomy, combined abdomina-
perineal, one or two states \$ 500.00

RESPIRATORY SYSTEM

Lobectomy, total..... \$ 500.00

Lobectomy, subtotal or segmental..... \$ 300.00

SKIN

Vermilionectomy ("lip peel")..... \$ 200.00

Complete or total glossectomy \$ 350.00

Excision of skin cancer, including malignant moles..... \$ 50.00

SPINAL

Laminotomy for removal of intervertebral discs, cervical..... \$ 450.00]

[Optional at subscriber level and variable:

- 14 **Anesthesia Benefit:** for anesthesia and its administration, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 15 **Hospice Care Benefit:** for Hospice care, [variable, e.g.: provided on an inpatient basis, or, provided in a facility or at home] for the Insured who has been diagnosed with terminal Cancer (life expectancy of six months or less) and who is participating in a Hospice Care Program, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 16 **First Diagnosis Benefit:** if the Insured is first Positively Diagnosed with internal cancer or malignant melanoma after the end of the waiting period shown on the Schedule of Benefits, the Insurance Company will pay the amount shown in the Schedule of Benefits. Satisfactory proof, including a written diagnosis by a Physician licensed to practice in the United States and supportive evidence such as radiological, histological or laboratory reports, must be provided to the Insurance Company at the Insured's expense. Skin cancers other than malignant melanoma are not covered.]

[Optional at subscriber level and variable:

- 17 **Outpatient Cancer Screening Benefit:** for diagnostic x-ray; diagnostic laboratory test; or any other recognized diagnostic procedure, which is designed to aid in the diagnosis of Cancer of an Insured (whether cancer is diagnosed or not), the Insurance Company will pay the amount shown in the Schedule of Benefits. Such procedures might include, but are not limited to mammograms, Pap smears and Prostate Specific Antigens (PSA).]

[Optional at subscriber level and variable:

- 18 **Skilled Nursing Facility Confinement Benefit:** for Skilled Nursing Facility confinement due to Cancer, the Insurance Company will pay the amount shown on the Schedule of Benefits. A covered Skilled Nursing Facility confinement must commence [variable: within 14 days of a preceding Hospital confinement of at least three days in a row.]]

[Optional at subscriber level and variable:

- 19 **Family Lodging Benefit:** if the Insured is confined in a Hospital or Skilled Nursing Facility more than 100 miles from his home, the Insurance Company will pay the amount shown in the Schedule of Benefits for expenses incurred by one person to obtain lodging near the facility. These benefits will only be payable while the Insured is receiving benefits based on his or her confinement.]

[Optional at subscriber level and variable:

- 20 **Transportation:** if the Insured travels more than 100 miles from his or her home for treatment of or consultation for Cancer, the Insurance Company will pay the amount shown in the Schedule of Benefits.]

[Optional at subscriber level and variable:

- 21 **Counseling:** if the Insured is receiving psychological counseling, the Insurance Company will pay the amount shown in the Schedule of Benefits. This benefit will cover counseling for the patient as well as sessions for members of his or her immediate family (Spouse, Dependent Children) covered under the Insured's Certificate of Insurance. Services must be provided by a Physician, licensed psychologist or licensed social worker, and during the lifetime of the Cancer patient.]

[Optional at subscriber level and variable:

- 22 **Survivor/Death Benefits (applicable only if the Member has a spouse or child):** if an Insured dies from a covered Cancer, the Insurance Company will pay the amount shown in the Schedule of Benefits [variable, e.g.: to the surviving Spouse, or if there is no surviving Spouse, to the surviving child(ren) in equal shares, or, to the Estate]. Benefits payable on the death of a covered Dependent will be payable to the

Insured Member.]

[Optional at subscriber level and variable:

- 23 **Second Opinion Benefit:** if the Insured consults a second Physician after he or she is diagnosed with internal Cancer or malignant melanoma, the Insurance Company will pay the amount shown on the Schedule of Benefits. This benefit is payable only once during the Insured's lifetime.]

[Optional at subscriber level and variable:

- 24 **Prosthetics:** for original purchase of and fitting with a necessary prosthetic appliance, required for the replacement of natural parts of the body, which is necessitated by a loss caused by the Medically Necessary treatment of Cancer, the Insurance Company will pay the amount shown on the Schedule of Benefits. This benefit will pay for the initial device or for a replacement if due to pathological change, normal growth process or normal wear, but not for repairs, unless agreed to in advance by the Insurance Company.]

[Optional at subscriber level and variable:

- 25 **Waiver of Premium Benefit:** if the Member becomes Disabled after his or her effective date of insurance and before his or her [60th] birthday the Insurance Company will continue the Member's coverage without further payment of premium:
- a. after the Member has been Disabled for [six consecutive months,] during which premiums are paid; and
 - b. while the Member remains Disabled; and
 - c. after the Member sends the Insurance Company proof that he or she is Disabled, as required below.

This benefit applies only if the Member, the person named in the certificate schedule, becomes Disabled.

Premiums will be waived from the date the Insurance Company approves the Member's claim for Disability.

[Coverage for the Member's covered Dependents also will be continued without further payment of premiums while his or her premiums are waived.]

The Member must give proof that he or she is Disabled not more than 12 months after the Member first becomes Disabled, and during the last three months of each 12 month period after that. If the Member dies more than six months but less than 12 months after he or she became Disabled, and such proof has not been given, the Insurance Company will not reduce or deny the claim as long as such proof is given not more than 12 months after the Member became Disabled. The Insurance Company may have the Member examined as often as reasonably necessary while Disabled, but not more than once a year after two years.

[Continuation of coverage under this provision will end on the first date when any of these things happen:

- a. The Member's coverage terminates for any applicable reason set forth in the section titled "Termination" in the Member's certificate.
- b. 31 days after the Member is no longer Disabled, if premium payments are not resumed.
- c. 31 days after the Member refuses to be examined or fails to provide proof that he or she is Disabled, if premium payments are not resumed.]

[Optional, at policyholder's or subscriber's election:

- 26 **Waiver of Premium Benefit:** if the Member becomes confined in a Hospital after his effective date of insurance and before his or her [60th] birthday the Insurance Company will continue the Member's coverage without further payment of premium:
- a. after the Member has received Hospital Confinement Benefits for [60 consecutive days], during

which premiums are paid; and

- b. while the Member remains in the Hospital as an inpatient for the same or a related Cancer.

[Variable, This benefit applies only to the Member, the person named in the certificate schedule. Coverage for a Member's covered Dependents also will be continued without further payment of premiums while his or her premiums are waived.]

Continuation of coverage under this provision will end on the first date when any of these things happen:

- a. The Member's coverage terminates for any applicable reason set forth in the section titled "Termination" in the Member's certificate.
- b. After the Member is no longer confined in a Hospital. Premium payments will resume on the next premium due date.]

[Optional at subscriber level and variable (available for takeover business only):

27

Disability Compensation in Lieu of Other Benefits at Option of Member: if the Member elects, in writing, to receive benefits under this section, his certificate will thereafter be construed to be a certificate providing benefits for disability and loss of time resulting from Cancer, and will be in lieu of the benefits described in sections 1. through 23. above, the Insurance Company will pay the following during a Period of Confinement:

- a. for the first month while a Member or Insured Dependent is confined in a Hospital, a disability benefit shown on the Schedule of Benefits;
- b. for the next two months while such person is confined in a Hospital, the amount shown on the Schedule of Benefits;
- c. for each additional month thereafter that such person is confined in a Hospital, the amount shown on the Schedule of Benefits;
- d. if after three months of Hospital confinement such person is not confined to a Hospital, but is confined to a Skilled Nursing Facility for care, the amount shown on the Schedule of Benefits.

No monthly benefit rate shall be reduced until the Member or Insured Dependent has been paid the full sum of the next higher rate notwithstanding that the periods of confinement are not continuous.

[Variable, i.e.: Once this option is elected by the Member, it may not be revoked. --or-- This option may be revoked by giving written notice to the Insurance Company.

Election for benefits under this section must be made prior to initial payment for any Hospital Confinement.]]

EXCLUSIONS [AND LIMITATIONS]

No benefits will be paid for any loss caused by or resulting directly or indirectly from one of the following:

- 1 cancer that was diagnosed prior to an Insured's effective date or during the waiting period shown on the Schedule of Benefits (any premiums paid for that Insured will be refunded);
 - 2 confinement or treatment which is not ordered by a Physician;
 - 3 confinement or treatment which is not Medically Necessary for the care of Cancer [Optional if these benefits are included in the policy: (except under the Hospice Care Benefit and Outpatient Cancer Screening Benefit)];
- [Optional at subscriber's election:
- 4 confinement provided or treatment rendered outside the United States;]
 - [5] injuries;
 - [6] the services rendered by any person who is a member of the Insured's immediate family, consisting of the Insured, spouse, children, brothers, sisters, parents, in-laws or another person who resides in the Insured's home;
- [Optional and variable at subscriber's election:
- 7 services or treatment that is solely diagnostic or exploratory in nature, except to extent provided in the Group Policy;
 - 8] sickness, other than Cancer as defined in this Group Policy [Optional, at subscriber's election: ; or
 - 9 treatment or procedure (including medications) that is experimental in nature or application, or treatment methods not approved by the American Medical Association, Federal Food and Drug Administration or appropriate medical specialty society. However, this will not exclude off label use of FDA approved drugs.]

CLAIM PROVISIONS

Notice Of Claim

Written notice must be given to the Insurance Company within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible. Written notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Written notice should include [variable: the Subscriber's name and policy number and] the Insured's name, address, policy and certificate number.

Claim Forms

When the Insurance Company receives written notice of claim, it will send claim forms for filing proof of loss. If claims forms are not sent within 15 days after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the Proof Of Loss section, written proof of the nature and extent of the loss.

Claimant Cooperation Provision

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

[Optional: i.e. for employer/employee groups:

Insurance Data

The Subscriber is required to cooperate with the Insurance Company in the review of claims and applications for insurance. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Subscriber if not permitted by applicable privacy laws.]

Proof Of Loss

Written proof of loss, satisfactory to the Insurance Company, must be given to the Insurance Company within 90 days after the date of the loss for which a claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible. In any case, written proof must be given not more than a year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time Of Payment

Benefits due under the Policy for a loss, [optional: i.e. if benefits can be paid in installments: other than a loss for which the Policy provides installments,] will be paid immediately upon receipt of due written proof of such loss satisfactory to the Insurance Company.

[Optional: i.e. if benefits can be paid in installments: Subject to satisfactory proof of loss, accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid at the termination of the Insurance Company's liability will be paid immediately upon receipt of satisfactory written proof, unless otherwise shown in the Description Of Benefits.]

To Whom Payable

Benefits will be paid to the Member if he or she is the claimant; to the Spouse if he or she is the claimant; and to the Member if a Dependent Child is the claimant. If any person to whom benefits are payable is a minor or, in the

opinion of the Insurance Company, is not able to give a valid release, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, the Insurance Company may, at its option, make payment to the person or institution appearing to have assumed custody and support.

If the Member or Spouse dies while any benefits remain unpaid, the Insurance Company may, at its option, make direct payment to the first surviving class of the following classes of persons: spouse, children, mother or father, brothers or sisters; or to the executors or administrators of the Insured's estate. The Insurance Company may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release the Insurance Company from all liability for any payment made.

Physical Examination [optional: And Autopsy]

The Insurance Company, at its own expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. [Optional: The Insurance Company may, at its own expense, require an autopsy unless prohibited by law.]

Legal Actions

No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after written proof of loss has been furnished as required by the Policy. No such action shall be brought more than three years after the time written proof of loss must be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Insured lives when the Insured's insurance becomes effective, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

The Insured will have the right to choose any Physician who is practicing legally [optional: in the United States]. The Insurance Company will in no way disturb the Physician/patient relationship. See the definition of Physician in Definitions.

Recovery Of Overpayment

If benefits are overpaid, the Insurance Company has the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under the Policy.

If there is an overpayment due when the Insured dies, the Insurance Company can recover the overpayment from the Insured's estate.

ADMINISTRATIVE PROVISIONS

Premiums

The premiums will be based on the rates currently in force, the plan and the amount of insurance in effect.

Changes In Premium Rates

The premium rates may be changed by the Insurance Company from time to time with at least 31 days advance written notice [Optional: included when there is a Subscriber: to the Subscriber]. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, the Insurance Company reserves the right to change the rates at any time if any of the following events take place:

1. the terms of the Policy change;
[Variable: e.g.:
2. the terms of the Subscriber's participation change;
3. a division, subsidiary, affiliated company or eligible class is added or deleted from the Policy;
- 4.] there is a change in the factors bearing on the risk assumed;
5. any federal or state law or regulation is amended to the extent it affects the Insurance Company's benefit obligation.

[Optional:

Reporting Requirements]

[Optional: i.e. if 2. below is used: 1. Policyholder]

The Policyholder or its authorized agent must, upon request, give the Insurance Company any information required to administer the Policy.

[Optional: i.e. if there is a subscriber: 2. Subscriber

The Subscriber or its authorized agent must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.]

Payment Of Premium

1. Policyholder

The first premium is due on the Policy Effective Date. Thereafter, premiums are due on the Premium Due Dates agreed upon between the Insurance Company and the Policyholder.

If any premium is not paid on the Premium Due Date when due, the Policy will be canceled as of such Premium Due Date, except as provided in the Policy Grace Period section.

2. [Optional: Subscriber]

The first premium is due on [the Subscriber's effective date of participation under the Policy]. Thereafter, premiums are due on the Premium Due Dates agreed upon between the Insurance Company and [the Subscriber].

If any premium is not paid when due, the [Subscriber's participation under the] Policy will be terminated as of the Premium Due Date on which premium was not paid.

Notice Of Cancellation

1. Of The Policy

The Policyholder may cancel the Policy as of any Premium Due Date by giving [variable, e.g. 30, 60 days] advance written notice to the Insurance Company.

The Insurance Company may cancel the Policy as of any Premium Due Date.

[Optional: 2. Of A Subscriber's Participation Under The Policy

The Subscriber or the Insurance Company may cancel participation under the Policy as of any Premium Due Date by giving [variable, e.g. 30, 60 days] advance written notice.]

Grace Period

1. Policy

A Policy Grace Period of 31 days will be granted for the payment of the required premiums after the first under the Policy. The Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Policy Grace Period. Premium is due for coverage provided during the grace period.

[Optional:

2. Subscriber Participation

A Subscriber Participation Grace Period of 31 days will be granted for payment of the required premiums under the Policy. A Subscriber's participation under the Policy will be in force during the Subscriber Participation Grace Period. If the required premiums are not paid during the Subscriber Participation Grace Period, participation will end on the last day of the Subscriber Participation Grace Period. The Subscriber is liable to the Insurance Company for any unpaid premium for the time the Subscriber's participation was in effect.

--or--

There is no Subscriber Participation Grace Period under this Policy.

--or--

A Subscriber Participation Grace Period of 31 days will be granted for payment of the required premiums under the Policy. A Subscriber's participation under the Policy will be in force during the Subscriber Participation Grace Period. If the required premiums are not paid during the Subscriber Participation Grace Period, participation will end on the last day of the period for which premiums were paid.

[Optional:

3. Insured

A Grace Period of 31 days will be granted for payment of the required premiums under the Policy. An Insured's insurance under the Policy will be in force during the Grace Period. If the required premiums are not paid during the Grace Period, insurance will end on the last day of the period for which premiums were paid.

--or--

There is no Grace Period for an Insured under this Policy.]

GENERAL PROVISIONS

Entire Contract

The entire contract is made up of the Policy, the application of the Policyholder, a copy of which is attached to the Policy, the Subscriber participation agreement(s), and the applications, if any, of the Insureds.

[Optional depending on type of group:

Subscriber Participation Under The Policy

An organization may elect to participate under the Policy by submitting a signed Subscriber participation agreement to the Insurance Company. No participation by an organization is in effect until approved by the Insurance Company.]

Incontestability

[Optional: depending on type of group:

1. Of The Policy Or Participation Under The Policy

All statements made by the Policyholder to obtain the Policy or by the Subscriber to participate under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of the Policy or of participation under the Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder or Subscriber.

After two years from the Policy Effective Date, no such statement will cause the Policy to be contested except for fraud. After two years from the Subscriber's effective date of participation under the Policy, or effective date of increased benefits under the Policy, no such statement will cause the Subscriber's participation or the increased benefits to be contested except for fraud.]

2. Of An Insured's Insurance

All statements made by an Insured are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Insured's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative must receive the copy.

Misstatement Of Age [Optional: or Sex]

If an Insured's age [Optional: or sex] has been misstated, the Insurance Company will adjust all benefits to the amounts that would have applied at the correct age [Optional: or sex] for the premium paid.

Policy [optional depending on type of group: Or Subscriber] Participation Changes

No change in the Policy [optional: or in a Subscriber's participation under the Policy] will be valid until approved by an executive officer of the Insurance Company. The approval of any Policy change must be endorsed on or attached to the Policy. [Optional: The approval of any Subscriber participation change must be endorsed on or attached to the Subscriber participation agreement.] No agent may change the Policy or participation under the Policy or waive any of its provisions.

Workers' Compensation Insurance

The Policy [optional: and Subscriber participation under the Policy] are not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Insurance.

[Optional, i.e. if group insurance:

Certificates

The Insurance Company will provide a certificate of insurance for delivery to the insured Member. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.]

Multiple Certificates

An Insured is not eligible for insurance under more than one certificate providing [variable, e.g. a First Diagnosis Benefit in excess of [variable at subscriber's election, \$1,000], Cancer Care Benefits] under group policies issued by the Insurance Company. If premium is being paid for more than one such certificate, insurance will be in effect under the certificate with the earliest effective date and premiums paid for certificates which are not in effect will be refunded.

Assignment

[Variable:

The rights and benefits under the Policy cannot be assigned.

--or--

The Insurance Company will not be affected by any assignment of an Insured's insurance until the original assignment or a certified copy of the assignment is filed with the Insurance Company. The Insurance Company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force, provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts. This does not apply where contrary to law.]

Conformity With State Statutes

Any provision of the Policy in conflict on the Policy Effective Date with the laws of the state where the Policy is delivered is amended to conform to the minimum requirements of such laws.

30 Day Right to Examine Certificate

If an Insured does not like the Certificate for any reason, it may be returned to the Insurance Company within 30 days after receipt. The Insurance Company will return any premium that has been paid. In that case the Certificate will be void as if it had never been issued.

Examination Of Records

The Insurance Company will have the right to examine the Policyholder's or Subscriber's records relating to the Policy or participation under the Policy. Examination may occur at any reasonable time while the Policy is in force. It may occur at any time for two years after the Policy or the Subscriber's participation under the Policy ends or until the final adjustment and settlement of all claims under the Policy.

Clerical Error

An Insured's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.